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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Seminule Conc	rete Services	LLC
Name of I.	Limited Liability Company	-
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt		
	g Mewhorter	
Simino	Le Concrete S	ervices LLC
24840 N	nartin St.	
<u></u>	1Stis FL 32 City/State and Zip Code	736
Scinc E-mail address	Services @ans s: (to be used for future annual leport potifi	nail.com
For further information concerning this matter, please		
Craig Mewhorter	at (352) Area Code Daytime	805 U344 Telephone Number
Enclosed is a check for the following amount:		
\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Dogistration Section	Street Address:	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records:) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number	11 a i a	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Seminale Construction The new name must be distinguishable and contain the words "Limited Liabi		e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Same as be-	fore
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 4: 73	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

	Just	name	Chan	ge	#: 3	-
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Note: If	tive date is listed, the date the date inserted in thi	the date of filing: must be specific and cannot s block does not meet the e Department of State's r	be prior to date of filing o applicable statutory fi	r more than 90 days .	after filing.) Pursuant to 60	
he record ord is filed		ctive date, but not an effe	ective time, at 12:01 a.i	m, on the earlier o	f: (b) The 90th day aft	er the
Dated _	Octob	ex. 19	9,2020			
		Signature of a member	or authorized representat	tive of a member		
		Craig V.	or printed name of signe	orter 3	5(

Filing Fee: \$25.00